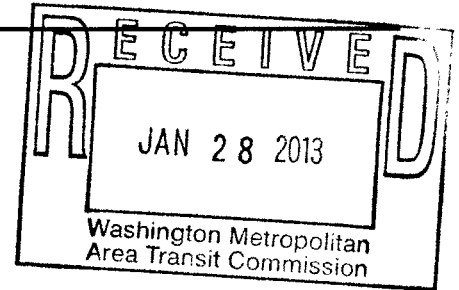


# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1657	National Veterans Transportation, LLC, t/a Express Medical Transporters of DC			
*WMATC No.		*Name of Carrier (as shown on certificate of authority)		
1100 W Industrial Blvd		Cumberland		21502
1530 Caton Center Drive, #G		Baltimore		21227-1512
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
7701 Forsyth Blvd #380			Clayton	MO 63105-3316
7751 Carondelet Avenue, #204				
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
314 898-9200				
(410) 247-7433		(410) 247-7533	donna.edward@emtusa.net	
*Telephone	Other Telephone	Fax	E-mail	

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Bernard Squitieri		President	
*Name		*Title	
(314) 898-9200	(314) 568-6021	(314) 725-2381	bornie@rideemt.com
*Telephone	Other Telephone	Fax	E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Jessica L Gardner		(202) 442-4432	
Name of Registered Agent for Service of Process		Telephone	E-mail
1015 15th Street, N.W., #1000		Washington	DC 20005-2621
Agent Address (must be inside Metropolitan District)		Apt./Suite City	State Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
205	2006	Ford	1FTNS24WX6HA52790	09761P	MD	6 plus driver	Yes

7. **\*CERTIFICATION:**

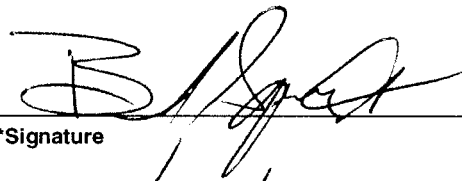
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Bernard Squitieri

\*Name (type or print)

Managing Partner

\*Title (not required for sole proprietors)



\*Signature

1/23/13

\*Date